Best Available Copy

	MULTIPLE DEPE SNT CLAIM FEE CALCULA ON SHEET (FOR USE WITH FORM PTO-875)									SERIAL NO. FILING DATE						
	AS FILED		7	AFTER		CI AFTER		LAIN	ns I •			•				
	├			1st AMENDMENT IND. DEP.		IND. DEP.				IND.	DEP.	IND.	DEP.	IND.	DEP.	
1								4	51							
2			4						52							
3		1	+						53							
5			-						54 55						 	
6			\sqcap						56		·					
7			Ц						57							
8			╙						58						 -i	
9 10			Н	-				:	59 60							
11			十						61							
12									62							
13			\bot						63							
14			+						64						 	
15 16			十				· .		65 66					-	 	
17			士						67							
18			\perp						68							
19			+			-			69						ļ	
20 21		+	┿					i.	70	· ·		· ·				
22		\rightarrow	+						71						 	
23			土						73							
24			\perp						74							
25	·	<u>.</u>	+						75							
26 27			+						76	-			<u>.</u>		ļ	
28			+						77						 	
29							0		79							
30			_						80			1				
31 32			+						81			_	ļ		 	
33			+						82 83			 			1	
34			土						84					 -		
35			\bot						85				<u> </u>			
36 37			+				<u> </u>		86			 		<u> </u>	·	
38		-	+						87 88			 	 	\vdash	 	
39			+				 		89	<u> </u>		 		 	 	
40			1					Ï	90							
41			4				<u> </u>		91						ļ	
42		_	╫						92 93					 		
44		_	+						93			-	-	 	-	
45			工						95							
46			T						96							
47 48		-	+	<u> </u>					97					<u> </u>	ļ	
49		<u> </u>	+			-			98 99					 	-	
50			士						100					 	 	
DTAL	1	1	Τ						TOTAL		1		ı			
OTAL EP.	U	<u> </u>			-		ف		TOTAL DEP.		ال.		!		ل ــــــــــــــــــــــــــــــــــــ	
DTAL LAIMS	26		Τ						TOTAL CLAIMS					Г		